The increase in development and approval of new oral cancer therapies has changed chemotherapy administration. That shift in the treatment paradigm has led healthcare professionals to address the need for the development of new models of care in patients receiving oral chemotherapy agents. Patients must now assume responsibility and control for self-administration of those agents. Various factors that may be predictors of adherence to the prescribed regimen include patient perceptions; clinician beliefs; economic, disease, and sociodemographic factors; or knowledge deficits (D’Amato, 2008; Given, Spoelstra, & Grant, 2011; Partridge, Kato, & DeMichele, 2009). In addition, self-administration may lead to safety concerns because of errors in administration, exposures related to handling oral chemotherapy agents, drug interactions between chemotherapy agents and other medications, and failure to report side effects (Bartel, 2007; Winkeljohn, 2007). In a survey by Weingart et al. (2007) of 42 U.S. cancer centers, 10 centers reported no formal procedures in place for monitoring adherence. Medication nonadherence also may lead to unnecessary hospitalizations, poor clinical outcomes, and increased healthcare costs (McDonnell & Jacobs, 2002; Senst et al., 2001).

Adherence rates in patients receiving medications vary from lower than 20% to as high as 100% in patients receiving oral chemotherapy (Partridge, Avorn, Wang, & Winer, 2002; Ruddy, Mayer, & Partridge, 2009). Descriptive adherence studies on oral chemotherapy use have demonstrated the extent of the issue (Lebovits et al., 1990; Levine et al., 1987; Partridge, Wang, Winer, & Avorn, 2003). As reviewed by Schneider, Hess, and Gosselin (2011), few interventions have been evaluated...